APPLICATION

Fire Code Inspection: Operational Permit

Business Name: _____ Submittal Date: _____

Business Address: _____

Business Phone: (____) _____ Fax: (____) _____ Zip Code: _____

City of Chula Vista Business License #: _____

Name of Applicant: _____

Check/Mark ✓ if applicable, indicate quantity, multiply with fee amount and type/write subtotal. Add subtotals in GRAND TOTAL box.

✓	1: Fire Code Inspection: Operational Permit Description and Associated Fee	x Qty	Subtotal $
			$

☐ Annual ☐ Temporary

Check/Mark ✓ if applicable, indicate quantity, multiply with fee amount and type/write subtotal. Add subtotals in GRAND TOTAL box.

✓	2: Fire Code Inspection: Operational Permit Description and Associated Fee	x Qty	Subtotal $
			$

☐ Annual ☐ Temporary

Check/Mark ✓ if applicable, indicate quantity, multiply with fee amount and type/write subtotal. Add subtotals in GRAND TOTAL box.

✓	3: Fire Code Inspection: Operational Permit Description and Associated Fee	x Qty	Subtotal $
			$

☐ Annual ☐ Temporary

Check/Mark ✓ if applicable, indicate quantity, multiply with fee amount and type/write subtotal. Add subtotals in GRAND TOTAL box.

✓	4: Fire Code Inspection: Operational Permit Description and Associated Fee	x Qty	Subtotal $
			$

☐ Annual ☐ Temporary

Check/Mark ✓ if applicable, indicate quantity, multiply with fee amount and type/write subtotal. Add subtotals in GRAND TOTAL box.

✓	5: Fire Code Inspection: Operational Permit Description and Associated Fee	x Qty	Subtotal $
			$

☐ Annual ☐ Temporary

Fire Inspector: _____   **GRAND TOTAL** | $ |

REMIT TO (hand carry or mail check or money order)**:**
CHULA VISTA FIRE DEPARTMENT • FIRE PREVENTION DIVISION
Attn: Fire Permit • 447 F Street • Chula Vista, CA 91910 • Phone (619) 691-5055 • Fax (619) 691-5057

OFFICIAL USE:

Deposit Account # 15900-3141 (0241)   Accepted by: _____ Date: _____